

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9429</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Carlos</u> <u>Borba</u> P O Box Bldg Room No if any Street <u>445 Nebraska Street</u> City <u>Vallejo</u> State <u>California</u> ZIP Code + 4 <u>94590-3890</u>	4 Name file number and address of labor organization Name <u>Teamsters Local 490</u> Labor Organization File Number <u>018 960</u> P O Box Building and Room Number if any Street <u>445 Nebraska Street</u> City <u>Vallejo</u> State <u>California</u> ZIP Code + 4 <u>94590-3890</u>
5 Position in labor organization <u>Secretary-Treasurer</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount \$0

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Ch. Borba

On

8/9/2005

Date

707 643-0387

Telephone Number

Name of Person Filing Carlos Borba

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Lipman Insurance Administrators Inc

Trade Name if any

P O Box Bldg Room No if any P O Box 5820

Street

City Fremont

State California ZIP Code + 4 94537

9 Business deals with☐ a Labor Organization☒ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name Teamsters Benefit Trust

Trade Name if any

P O Box, Bldg Room No if any

Street 39420 Liberty Street Suite 260

City Fremont

State California ZIP Code + 4 94538

11 a Nature of such dealing

Professional Administrative Services

11 b Approximate dollar value of such dealing**12 a** Nature of interest held or income received

See Continuation Page

12 b Amount

\$570

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment.

Name of Person Filing Carlos Borba

File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization is interested

8 Name of Business
From Pg 2

Lipman Insurance Administrators Inc

12 a Nature of interest held or income received (con t from Pg 2)

The person identified in item 3 is a Union Trustee on the Board of Trustees of the entity identified in item 10 which is a jointly administered Health and Welfare trust fund under the Labor-Management Relations Act of 1947 as amended (the Trust Fund) In performance of his duties as a trustee on the Trust Fund he has met with representative(s) of the entity identified in item 8 for the purpose of discussing trust fund-related matters During the course of such meeting(s) said representative(s) paid for food and beverages and incidental expenses The amount entered in item 12 b is the estimated value of such food and beverage and related expenditures on or about 2/6, 5/7, 8/5, 8/6 & 11/5/2004 This estimate is based on a review of a business calendar for appointments and meetings in 2004